STATEMENT OF

FORM 1	ORGANIZATION (See instructions)	Office use cally
1. NAME OF COMMITTEE (in t	(Check if name Example: If typying is changed) over the lines	ing, type 12FE4M5
Charter Comm	unications Inc. Political Action Committee	
ADDRESS (number and s	1919 Pennsylvania Ave. N.W.	
_	Ste. 200,	
(Check if address is changed)	Washington	DC 20006 -
	CITY▲	STATE▲ ZIP CODE ▲
	L ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)		
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
(Check if address is changed)		
2. DATE M M M O 3	27 2009	
4. IS THIS STATEM		IDED (A)
I certify that I have examin	ned this Statement and to the best of my knowledge and belief it is t	rue, correct and complete
Type or Print Name of	Treasurer Megan Delany	
Signature of Treasurer	Electronically Filed by Megan Delany	Date 03 / 27 / 2009
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person sig	· -
Office Use Only	Federal Ele Toll Free 80	information contact: ction Commission 10-424-9530 (Revised 02/2009)